

Health Standards Section Checklist for Initial Licensing Behavioral Health Service Provider (BHSP)

Application Date:	Opening/Effective Date:
Administrator:	Designated Contact Person:
Designated Contact Person's E-Mail Address:	
Designated Contact Person's Phone:	
BHSP DBA Name:	
BHSP Entity Name:	
BHSP Address:	
BHSP Phone:	BHSP Fax:
Number of Beds:	

Criteria (Each of these must be attached in order for your application to be processed):	Yes	No	Describe
Letter of Intent (to fully describe the intent of the BHSP, including anticipated date of opening)	<input type="checkbox"/>		
BHSP License Application	<input type="checkbox"/>		
BHSP License Application Fee(s)	<input type="checkbox"/>		
Office of State Fire Marshal Architectural Plan Review Approval Letter	<input type="checkbox"/>		
Attestation for compliance with Plan Review cautionary items	<input type="checkbox"/>		
Office of State Fire Marshal Certificate for Occupancy Onsite visit **NOT the same as Plan Review above**	<input type="checkbox"/>		
Office of Public Health Certificate for Occupancy Onsite visit	<input type="checkbox"/>		
Office of Behavioral Health Approval Letter /Contract (if applicable)	<input type="checkbox"/>		
Floor Plan with Dimensions and Identified Service Areas	<input type="checkbox"/>		
Organizational chart (see webpage)	<input type="checkbox"/>		
Medical Director's name (physician)	<input type="checkbox"/>		
Criminal Background Checks: Owners, managing employees and those in direct care with under 18	<input type="checkbox"/>		
Line of Credit at least \$50,000	<input type="checkbox"/>		
General & Professional Liability Insurance at least \$500,000	<input type="checkbox"/>		
Worker's Compensation Insurance	<input type="checkbox"/>		
HSS-1513L Disclosure of Ownership	<input type="checkbox"/>		
CLIA certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
If operated by a corporate entity, current proof of registration/status with the La. Secretary of State	<input type="checkbox"/>	<input type="checkbox"/>	
Lease Agreement (if the building is not owned by the BHSP) NOTE: If the BHSP owns the building submit a letter indicating ownership; identify areas that are subleased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For DHH Use Only	Date	Yes	Comments
Incomplete Packet notice sent to facility			
Fee logged into POPS		<input type="checkbox"/>	
POPS, Add to on- line Activity Report, Logs Updated		<input type="checkbox"/>	
ACO Updated with attachments scanned		<input type="checkbox"/>	
New License Printed/Mailed		<input type="checkbox"/>	
		<input type="checkbox"/>	
application expiration in 90 days / post application approval			
Completed By Program Manager		<input type="checkbox"/>	